

Department of General Services Procurement Division Delegation Resources				<b>MONTHLY DELEGATION REPORT</b> Goods		Attachment 13 Page ____ of Page(s): ____ Report Date: _____	
Department Name: _____ Delegation Contact Name: _____ Phone No. (____) _____						Delegation #: _____ Agency Bill Code: _____	
Item #	Order Date	Agency Order #	Amend #	Supplier Name, City and State	Total Order \$	Description (Summarize if multiple lines per order)	Type
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
<b>Totals</b>					\$		